

BOROUGH PLAN BACKGROUND PAPER - Health

Nuneaton and Bedworth Borough Council

2015

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1 INTRODUCTION

1.1 This technical paper sets out the Council’s approach to dealing with health. The purpose of this paper is to draw together the key datasets and information that have been used in developing the health policy. The technical paper provides the detail behind the development of the policy and is used to justify the elements included within the policy. The paper explains the background research that has been undertaken and how it is proposed to adapt this in practice to achieve a policy that is both reasonable and deliverable.

2 NATIONAL PLANNING POLICY FRAMEWORK

2.1 Health is an element that runs through many sections within the NPPF. This theme is also evident within the Borough Plan, in that health covers a number of cross cutting areas. Section 8 ‘Promoting healthy communities’, emphasises the ability of planning in meeting the requirements of strong, vibrant and healthy communities.

2.2 The NPPF also makes recommendations around the need for policies to consider wider health benefits such as environmental linkages and rights of way access. It should be noted that these recommendations were also considered in the development of this policy, but only the key elements of Section 8, relating to health specifically, have been pulled out for this policy. This has been done because other policies in the Borough Plan cover the other areas, such as infrastructure planning. It is considered that the policy relating to health and the Borough Plan as a whole meets the following requirements:

NPPF Requirement	NPPF requirement sub-	Relationship with policy
Core planning principle: “take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services		The Borough Plan as a whole contains elements that takes account of strategies which will enable improvements to the lives of the Borough’s residents, as all of these factors contribute to overall wellbeing and quality of life. The Council recognises that health and physical activity are intrinsically linked and where possible, the

NPPF Requirement	NPPF sub-requirement	Relationship with policy
to meet local needs.”		Borough Plan provides direction to improve both these elements. The policy takes account of local issues for the Borough and the Council has worked closely with Warwickshire Public Health. The development of Supplementary Planning Document ‘Planning for a healthier area – Nuneaton and Bedworth’ will assist in delivering health improvements for the Borough. The elements of sports and facilities will be developed in other polices and through the Infrastructure Delivery Plan.
Paragraph 69: “The planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. Local planning authorities should create a shared vision with communities of the residential environment and facilities they wish to see. To support this, local planning authorities should aim to involve all sections of the community in the development of Local Plans and in planning	opportunities for meetings between members of the community who might not otherwise come into contact with each other, including through mixed-use developments, strong neighbourhood centres and active street frontages which bring together those who work, live and play in the vicinity	This is delivered through other policies within the Borough Plan such as Policy Green Infrastructure and Policy Sustainable Design and Construction.
	safe and accessible environments where crime and disorder, and the fear of crime, do not undermine quality of life or community cohesion;	This is delivered through Policy Sustainable Design and Construction.

NPPF Requirement	NPPF sub-requirement	Relationship with policy
<p>decisions, and should facilitate neighbourhood planning. Planning policies and decisions, in turn, should aim to achieve places which promote:</p>	<p>and</p> <p>safe and accessible developments, containing clear and legible pedestrian routes, and high quality public space, which encourage the active and continual use of public areas.”</p>	<p>This is delivered through other policies within the Borough Plan such as Policy Green Infrastructure and Policy Sustainable Design and Construction.</p>
<p>Paragraph 70:</p> <p>“To deliver the social, recreational and cultural facilities and services the community needs, planning policies and decisions should:</p>	<p>plan positively for the provision and use of shared space, community facilities (such as local shops, meeting places, sports venues, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments;</p>	<p>In terms of local provision, the policy aims to limit the development of environments that encourage obesity, A3 – A5 (restaurants and hot-food take-away’s) should be directed to centres as set out policy ‘Hierarchy of Centres’. Outside of Nuneaton and Bedworth Town Centres A3 – A5 use proposals will be permitted providing they meet the criteria set out in the policy. Other parts of these requirements will be delivered through the Infrastructure Delivery Plan. For new developments, a Health Impact Assessment (HIA) will be required for applications that meet the threshold for requiring an Environmental Impact Assessment (Schedule 1 and 2). For all other applications that create health impacts (a screening</p>

NPPF Requirement	NPPF sub-requirement	Relationship with policy
		assessment can be undertaken utilising the Department of Health screening assessment), a HIA is encouraged as outlined in the policy.
	guard against the unnecessary loss of valued facilities and services, particularly where this would reduce the community's ability to meet its day-to-day needs;	This is delivered through the Infrastructure Delivery Plan, Policy X Hierarchy of Centres and Policy Retaining Community Facilities.
	ensure that established shops, facilities and services are able to develop and modernise in a way that is sustainable, and retained for the benefit of the community; and	In terms of local provision, the policy aims to limit the development of environments that encourage obesity, A3 – A5 (restaurants and hot-food take-away's) should be directed to centres as set out policy 'Hierarchy of Centres'. Outside of Nuneaton and Bedworth Town Centres A3 – A5 use proposals will be permitted providing they meet the criteria set out in the policy. Other parts of these requirements will be delivered through the Infrastructure Delivery Plan. For new developments, a Health Impact Assessment (HIA) will be required for applications that meet the

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		<p>threshold for requiring an Environmental Impact Assessment (Schedule 1 and 2). For all other applications that create health impacts (a screening assessment can be undertaken utilising the Department of Health screening assessment), a HIA is encouraged as outlined in the policy.</p>
	<p>Ensure an integrated approach to considering the location of housing, economic uses and community facilities and services.”</p>	<p>This is delivered through the Infrastructure Delivery Plan, Policy Scale of Growth and Policy Retaining Community Facilities.</p>
<p>Paragraph 73: “Access to high quality open spaces and opportunities for sport and recreation can make an important contribution to the health and well-being of communities. Planning policies should be based on robust and up-to-date assessments of the needs for open space, sports and recreation facilities and opportunities for</p>		<p>The Council recognises the importance of the relationship between open space and opportunities for sport and recreation with health. However, this is delivered through a separate policy, Policy Sport and Active Recreation and Policy Open Space.</p>

NPPF Requirement	NPPF sub-requirement	Relationship with policy
<p>new provision. The assessments should identify specific needs and quantitative or qualitative deficits or surpluses of open space, sports and recreational facilities in the local area. Information gained from the assessments should be used to determine what open space, sports and recreational provision is required.”</p>		
<p>Paragraph 171: “Local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population (such as for sports, recreation and places of worship), Including expected future changes, and any information about relevant barriers to improving health and well-being.”</p>		<p>The Council has worked with Warwickshire Public Health in developing the policy. The policy references a HIA requirement for applications which meet the threshold for an EIA. Using the EIA as a trigger for a HIA is considered an appropriate threshold because it is extremely likely that the application will impact health. Planning applications not requiring an EIA are likely to create impacts on health, however identifying an appropriate scale of application is challenging. Ultimately, the impact is likely to vary even</p>

NPPF Requirement	NPPF requirement sub-	Relationship with policy
		for applications of similar use classes. Consequently, the policy recommends a screening process be undertaken by the applicant to assist in determining the need for a HIA. The submitted HIA will be assessed by Warwickshire Public Health during the determination period.

Table 1: NPPF Conformity

3 PLANNING PRACTICE GUIDANCE

3.1 The PPG sets out a number of guidance points in relation to health and wellbeing. The following paragraphs are taken directly from the PPG¹ and have all been considered through the development of the policy and the wider Borough Plan and Infrastructure Delivery Plan.

What is the role of health and wellbeing in planning?

3.2 Local planning authorities should ensure that health and wellbeing, and health infrastructure are considered in local and neighbourhood plans and in planning decision-making. Public health organisations, health service organisations, commissioners and providers, and local communities should use this guidance to help them work effectively with local planning authorities in order to promote healthy communities and support appropriate health infrastructure.

¹ <http://planningguidance.planningportal.gov.uk/blog/guidance/health-and-wellbeing/>

What are the links between health and planning?

- 3.3 The link between planning and health has been long established. The built and natural environments are major determinants of health and wellbeing. The importance of this role is highlighted in the promoting health communities section. This is further supported by the three dimensions to sustainable development (see National Planning Policy Framework paragraph 7).
- 3.4 Further links to planning and health are found throughout the whole of the National Planning Policy Framework. Key areas include the core planning principles (see National Planning Policy Framework paragraph 17) and the policies on transport (see National Planning Policy Framework chapter 4), high quality homes (see National Planning Policy Framework chapter 6), good design (see National Planning Policy Framework chapter 7), climate change (see National Planning Policy Framework chapter 10) and the natural environment (see National Planning Policy Framework chapter 11).
- 3.5 The National Planning Policy Framework encourages local planning authorities to engage with relevant organisations when carrying out their planning function. In the case of health and wellbeing, the key contacts are set out in this guidance. Engagement with these organisations will help ensure that local strategies to improve health and wellbeing) and the provision of the required health infrastructure (see National Planning Policy Framework paragraphs seven, 156 and 162) are supported and taken into account in local and neighbourhood plan making and when determining planning applications.
- 3.6 The range of issues that could be considered through the plan-making and decision-making processes, in respect of health and healthcare infrastructure, include how:
- development proposals can support strong, vibrant and healthy communities and help create healthy living environments which should, where possible, include making physical activity easy to do and create places and spaces to meet to support community engagement and social capital;
 - the local plan promotes health, social and cultural wellbeing and supports the reduction of health inequalities;

- the local plan considers the local health and wellbeing strategy and other relevant health improvement strategies in the area;
- the healthcare infrastructure implications of any relevant proposed local development have been considered;
- opportunities for healthy lifestyles have been considered (e.g. planning for an environment that supports people of all ages in making healthy choices, helps to promote active travel and physical activity, and promotes access to healthier food, high quality open spaces and opportunities for play, sport and recreation);
- potential pollution and other environmental hazards, which might lead to an adverse impact on human health, are accounted for in the consideration of new development proposals; and
- access to the whole community by all sections of the community, whether able-bodied or disabled, has been promoted.

Who are the main health organisations a local authority should contact and why?

3.7 The first point of contact on population health and well-being issues, including health inequalities, should be the Director of Public Health for the local authority, or at the County Council for two-tier areas.

3.8 Working with the advice and support of the Director of Public Health and their team, local authority planners should also consider engaging and consulting appropriately with the following key groups in the local health and wellbeing system:

- The Health and Wellbeing Board – which can provide a valuable forum through which partners can help ensure that planning proposals, where appropriate, are likely to have a positive impact on the health and wellbeing of local communities. Health and Wellbeing Boards bring together local authorities, the NHS, communities and wider partners to share system leadership across the health and social care system; and have a duty to encourage integrated working between commissioners of services, and between the functions of local government

(including planning). Each Health and Wellbeing Board is responsible for producing a Health and Well-being Strategy, which is underpinned by a Joint Strategic Needs Assessment. This will be a key strategy for a local planning authority to take into account to improve health and well-being. Other relevant strategies to note would cover issues such as obesity and healthy eating, physical activity, dementia care and health inequalities. Data and information from Public Health England is also useful as part of the evidence base for plan making.

- The local Clinical Commissioning Group(s) and NHS England are responsible for the commissioning of healthcare services and facilities, which are linked to the work of the Health and Wellbeing Boards and the local Director of Public Health. These bodies are listed as consultees for local plans. These bodies in consultation with local healthcare providers will be able to assist a local planning authority regarding its strategic policy to deliver health facilities and its assessment of the quality and capacity of health infrastructure as well as its ability to meet forecast demand. They will be able to provide information on their current and future strategies to refurbish, expand, reduce or build new facilities to meet the health needs of the existing population as well as those arising as a result of new and future development.
- Engagement with the local community is also important. As part of this work, local planning authorities should consider approaching their local Healthwatch organisation (which represents users of health and social care services) and other community groups as appropriate.

How should health and well-being and health infrastructure be considered in planning decision making?

3.9 Local authority planners should consider consulting the Director of Public Health on any planning applications (including at the pre-application stage) that are likely to have a significant impact on the health and wellbeing of the local population or particular groups within it. This would allow them to work together on any necessary mitigation measures. A health impact assessment

may be a useful tool to use where there are expected to be significant impacts.

- 3.10 Similarly, the views of the local Clinical Commissioning Group and NHS England should be sought regarding the impact of new development which would have a significant or cumulatively significant effect on health infrastructure and/or the demand for healthcare services.
- 3.11 Information gathered from this engagement should assist local planning authorities consider whether the identified impact(s) should be addressed through a Section 106 obligation or a planning condition. These need to meet the criteria for planning obligations.
- 3.12 Alternatively, local planning authorities may decide the identified need could be funded through the Community Infrastructure Levy

What is a healthy community?

- 3.13 A healthy community is a good place to grow up and grow old in. It is one which supports healthy behaviours and supports reductions in health inequalities. It should enhance the physical and mental health of the community and, where appropriate, encourage:
- Active healthy lifestyles that are made easy through the pattern of development, good urban design, good access to local services and facilities; green open space and safe places for active play and food growing, and is accessible by walking and cycling and public transport.
 - The creation of healthy living environments for people of all ages which supports social interaction. It meets the needs of children and young people to grow and develop, as well as being adaptable to the needs of an increasingly elderly population and those with dementia and other sensory or mobility impairments.

4 HEALTH STATISTICS AND HEALTH IMPACT ASSESSMENT

- 4.1 The Health Profile 2014 information that follows is provided by Public Health England² and is considered a strong source of comparable information. It is clear that there are a number of health issues within the Borough to address. Planning can have a positive influence over the lives of existing and future residents, which is why the Borough Plan must seek to tackle the health issues that can be improved through the planning system.

KEY:

Worse than both Warwickshire and England	Worse than England but not Warwickshire	Worse than Warwickshire but not England	Better than both Warwickshire and England
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² <http://www.apho.org.uk/resource/browse.aspx?RID=50596>

Indicator	Measure	Nuneaton and Bedworth	Warwickshire	England
Deprivation	% of people in the area living in 20% most deprived areas in England 2010	19.2	5.9	20.4
Proportion of children in child poverty	% of children in families receiving means tested benefits & low income 2011	20.1	14.1	20.6
Statutory homelessness	Crude rate per 1,000 households 2012/13	3.4	2.1	2.4
GCSE achieved (5A* - C inc. English and Maths)	% at Key stage 4 2012/13	57.3	65.1	60.8
Violent crime	Recorded violence against the person crime crude rate per 1,000 population 2012/13	10.1	7.7	10.6

Indicator	Measure	Nuneaton and Bedworth	Warwickshire	England
Long term unemployment	Crude rate per 1000 population aged 16-64, 2013	9.8	4.9	9.9
Smoking in pregnancy	% of women who smoke at time of delivery, 2012/13	17.6	17.6	12.7
Breast feeding initiation	% of all mothers who breastfeed their babies in the first 48hrs after delivery, 2012/13	71.9	71.9	73.9
Obese children (Year 6)	% of school children in year 6 (age 10-11), 2012/13	20.8	16.3	18.9

Indicator	Measure	Nuneaton and Bedworth	Warwickshire	England
Alcohol-specific hospital stays (under 18)	Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2010/11 to 2012/13 (pooled)	61.1	46.2	44.9
Teenage pregnancy (under 18)	Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2012	38.4	24.3	27.7
Adults smoking	% of adults aged 18+ , 2012	19.8	17.9	19.5
Physically active adults	% adults achieving at least 150 mins physical activity per week, 2012	52.8	55.3	56

Indicator	Measure	Nuneaton and Bedworth	Warwickshire	England
Obese adults	% adults classified as obese, Active People Survey 2012	27	21.8	23
Excess Weight	% adults classified as overweight or obese, Active People Survey 2012	64.5	64.8	63.8
	Incidence of malignant melanoma Directly age standardised rate per 100, 000 population under 75, 2009-2011	11.7		13.4
Hospital stays for self-harm	Directly age and sex standardised rate per 100, 000 population 2012/13	271.6	194.3	188

Indicator	Measure	Nuneaton and Bedworth	Warwickshire	England
Hospital stays for alcohol related harm	The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2012/13	645	576	637
Drug misuse	Estimated problem drug users using crack and/or opiates aged 15-64 per 1000 population, 2010/11	6.5	6.2	8.6

Indicator	Measure	Nuneaton and Bedworth	Warwickshire	England
People diagnosed with diabetes	% of people on GP registers with a recorded diagnosis of diabetes 2012/13	7	5.7	6
New cases of tuberculosis	Crude rate per 100,000 population 2010-2012	10.4	8.9	15.1
Acute sexually transmitted infections	Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate)	825	612	804
Hip fracture in 65s and over	Directly age and sex standardised rate for emergency admission 65+ 2012/13	615	556	568

Indicator	Measure	Nuneaton and Bedworth	Warwickshire	England
Excess winter deaths	Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non winter deaths) to average non winter deaths 1.08.09-31.07.12	18.5	18.2	16.5
Life expectancy - male	At birth, 2010 - 2012	78.2	79.8	79.2
Life expectancy - female	At birth, 2010 - 2012	82.6	83.8	83
Infant deaths	Rate per 1000 live births 2010 - 2012	3.9	4	4.1
Smoking related deaths	Per 100,000 population aged 35+, directly age standardised rate 2010 - 2012	289	241	292

Indicator	Measure	Nuneaton and Bedworth	Warwickshire	England
Suicide rate	Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2010-2012	9.1	9.6	8.5
Early deaths: cardiovascular	Directly age standardised rate per 100, 000 population under 75, 2010 - 2012	89.8	71.5	81.1
Early deaths: cancer	Directly age standardised rate per 100,000 population aged under 75, 2010-2012	141	131	146
Road injuries and deaths	Rate per 100,000 population 2010-2012	34	55.7	40.5

Table 2: Health Indicators for Nuneaton and Bedworth

Source: Health Profile 2014

- 4.2 In developing this policy, work with health professionals, particularly public health was undertaken. In addition, as part of the development of determining the location of growth, officers have consulted a range of health professionals and a range of other stakeholders such as the Nuneaton and Bedworth Leisure Trust and faith groups. This is explained in detail in the technical paper associated with infrastructure work.
- 4.3 The policy background makes specific reference to obesity and alcohol. However, the health profile makes it clear that there are a number of wider issues that pertain to poor health within the Borough. Consequently, identifying the potential for a HIA as part of the policy was considered a means of tackling a wider range of health issues.
- 4.4 Carrying out a HIA in determining the impact planning applications have on health, as a systematic approach to identifying the health and well-being impact of policies, plans and projects. However, additional work needs to be completed around appropriate measures that can be incorporated within a HIA. By using the approach proactively, it is possible to support and add value to decision-making processes and to amend policies and programmes in such a way as to enhance well-being and to mitigate negative health impacts.
- 4.5 The use of HIA also enhances the health-awareness of those involved in decision-making and can result in better co-operation across agencies (e.g. health professionals, planners, developers, communities, etc).
- 4.6 For developers, the incentives for undertaking HIA are:
- As a means of demonstrating to a community and stakeholders the positive benefits of their proposals.
 - Increased community support and reduced local opposition, thereby helping to speed up the development process.
 - To help improve the design, construction and implementation of a development.
- 4.7 Further work needs to be completed with health professionals in developing the HIA approach and particularly developing appropriate criteria, however, at this stage it is considered an appropriate principle for the policy to be recommending. Some initial criteria themes have been pulled together as shown in Table 3: Criteria to be included within HIA and outlines why each theme has been included.

Proposed emerging criteria to be included within the HIA	Why has this been included?
Partnership and Inclusion.	This criteria has been included because where a sense of community is created it is considered that this can help create a sense of place and reduce fear of crime. A planning proposal could help communities by creating environments with opportunities for social networks to develop. This could be through comprehensive engagement or the provision of community facilities. With effective engagement as part of the proposal communities can help to shape their environment.
Impact on locality, for example assessing impact on access to existing and/or new facilities such as medical facilities or sports facilities.	This theme will help to ensure key health facilities such as sports/medical facilities are taken account of. As the Facilities Planning Model work is developed further there will be a clear link for the developer to understand how the proposal will impact current provision.
Impact on the local environment.	The environmental impacts of development can create a negative impact on healthy living. Where there are major infrastructure works such as industrial operations, this can create high levels of traffic, noise, vibration and fumes which have the potential to damage the health of the local population.
Impact design of proposal will have on health of new residents and/or existing community.	This criteria is linked to the partnership and inclusions criteria, but is aimed at making sure the developer considers how the proposal will support a community.

Proposed emerging criteria to be included within the HIA	Why has this been included?
	The design of a new development can have significant impacts on the personal safety of users. For example transport issues have a direct link to health and safety. Pollution levels, traffic congestion and noise will determine the ability for local residents to use the local environment for physical exercise.

Table 3: Criteria to be included within HIA

4.8 It should be noted that these criteria are simply proposals. It is the intention that a full and clear set of criteria be developed with Warwickshire Public Health. In addition, the way a HIA will be carried out and assessed needs to be developed with Warwickshire Public Health.

5 WARWICKSHIRE JOINT STRATEGIC NEEDS ASSESSMENT 2013

5.1 It is a statutory requirement for Warwickshire County Council to produce a JSNA³. The purpose of the JSNA is to analyse the current and future health and well-being needs of the local population, to inform the commissioning of health, wellbeing and social care services.

5.2 The JSNA aims to establish a shared evidence based consensus on the key local priorities across health and social care. It is also being used to develop Warwickshire’s Health and Wellbeing Strategy, Commissioning Plans for the Clinical Commissioning Groups (CCGs) and Transformation Plans for the local Health Economy.

³ This statutory requirement was introduced by The Local Government and Public Involvement in Health Act (2007): Section 116 (as amended by The Health and Social Care Act (2012): Section 192) and section 116A (as inserted by The Health and Social Care Act (2012): Section 193).

5.3 The JSNA Annual Update (2013) provides an updated picture with regard to the 5 theme areas and 10 priority topics identified in the last JSNA Review. The assessment has helped to support the work currently being undertaken on obesity and alcohol within the Nuneaton and Bedworth area. The data and evidence which underpins our JSNA is hosted on Warwickshire's Health & Wellbeing website⁴. This site brings together information about health and wellbeing in the County, by integrating all of our JSNA, Health & Wellbeing Board, Public Health and Healthwatch web content.

Obesity and Health factors

5.4 Obesity and alcohol are the priority themes for public health within the Nuneaton and Bedworth area. These were prioritised based on the work completed as part of the JSNA. Figure 1: the distribution of overweight and obese children across Warwickshire identifies how Nuneaton and Bedworth compares to the rest of Warwickshire along with the key locations of concern. In addition, the health profiling work helps to support these areas being a priority. Given their focus, the policy makes reference to these two factors and seeks to support public health by tackling these factors. The policy makes reference to including a HIA, which is detailed above. It is considered that with the appropriate criteria a HIA will help applicants to consider the health issues around their proposal. This may have a positive effect on obesity and alcohol.

⁴ <http://hwb.warwickshire.gov.uk>

Number of 'Very Overweight' and 'Overweight' children in Warwickshire

The maps summarise the number of children in Warwickshire measured as being 'overweight' or 'very overweight'. The data has been collected through the Government's National Child Measurement Programme (NCMP). The programme measures all state educated children in Reception year (aged 4 to 5 years) and again in Year 6 (aged 10 to 11 years). Two years of data, 2010/11 and 2011/12, have been combined and analysed to highlight areas of the county with the highest volumes of overweight young people.

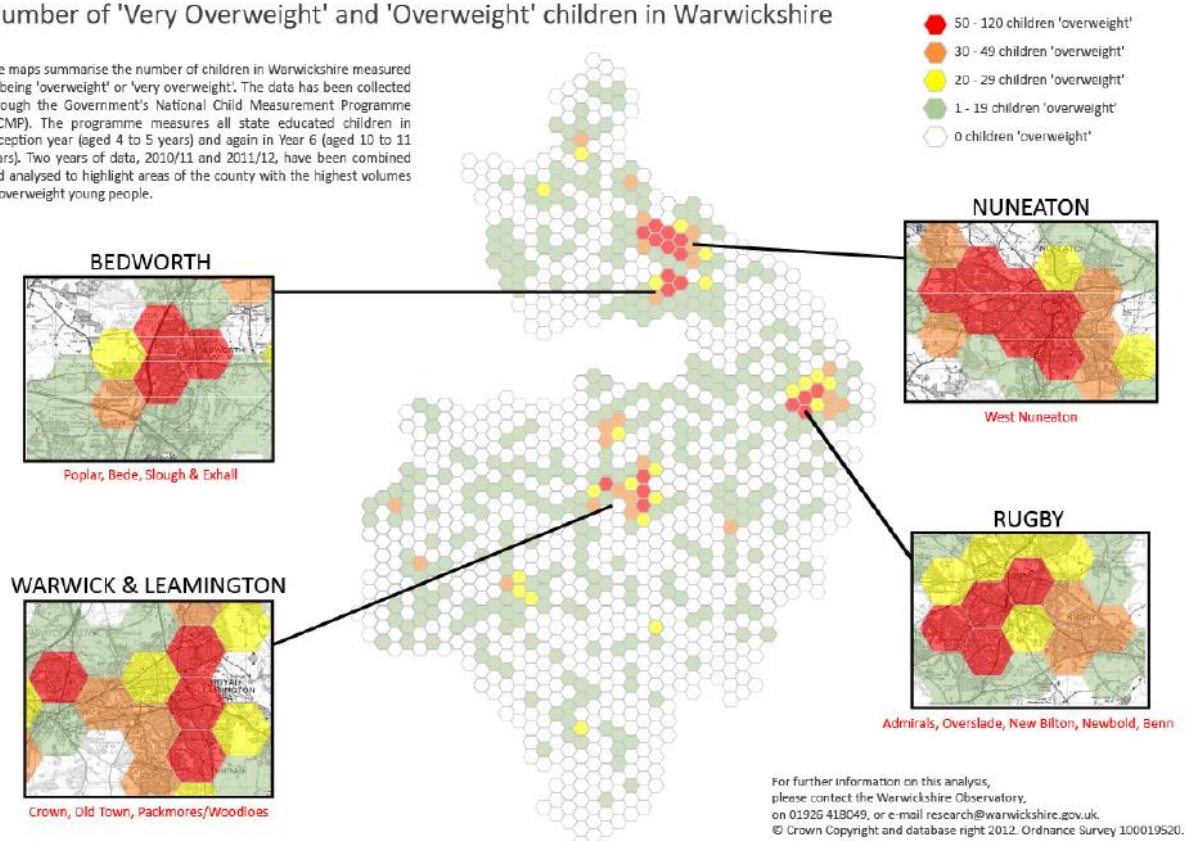


Figure 1: the distribution of overweight and obese children across Warwickshire

Source: JSNA – Nuneaton and Bedworth 2013

6 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) REVIEW 2014/15

- 6.1 Warwickshire's JSNA Review was approved and endorsed by the Health & Wellbeing Board on 21st January 2015. The purpose of Warwickshire's JSNA Review is to establish a shared, evidence-based consensus on the key local priorities across health and social care.
- 6.2 In order to focus on the areas of greatest need, Warwickshire's health and wellbeing priorities have been determined through the JSNA prioritisation process. Every three years, the selection of priorities are reviewed to ensure the JSNA is focused on the most pertinent health and wellbeing issues facing the local population. This involves analysing and reviewing all the latest data and evidence to highlight the most significant health and wellbeing issues in Warwickshire, both now and for the future.

- 6.3 The JSNA Review is the culmination of this prioritisation process. The outcome of the prioritisation process highlighted the following as key areas of focus:
- Vulnerable young people – Looked after children, educational attainment of disadvantaged children and vulnerable young people
 - Mental wellbeing – Mental Health Adults & Children and Dementia
 - Long-term conditions – Cancer and Cardiovascular disease
 - Physical wellbeing – Weight management, Smoking/Smoking in pregnancy and Substance misuse & alcohol
 - Carers – Young carers and adult carers
- 6.4 The evidence supporting these priority topics has been used by the Health and Wellbeing Board to inform the development of its new Joint Health and Wellbeing Strategy. For each of the priorities above, a summary of the evidence used during the prioritisation process is presented in the JSNA 2015 Review.
- 6.5 The JSNA Review also provides the basis for a more detailed and ongoing programme of work, which incorporates specific needs assessments on each of the identified priority topics. These priorities constitute the three year JSNA work programme, and the delivery of the associated needs assessments will be led by the JSNA Commissioning Group.

7 ISSUES AND OPTIONS CONSULTATION

- 7.1 The Issues and Options have assisted in developing this policy by taking forward some of the issues that were identified at that stage as well as the consultation responses. Overall there were 26 comments received on leisure and recreation and 44 comments on social issues.
- 7.2 In relation to the comments on leisure and recreation 73% agreed with the issues identified, while 19% disagreed. The issues relating to this subject area are set out below.

Issue LR1

While Riversley Park and the Miners Welfare Park serve the whole Borough, other recreation grounds are unevenly distributed with most concentrated in the north around Barpool and neighbouring areas. There is sufficient outdoor sports provision in the Borough to meet existing need but it is under utilised. Etone Sports centre has the only artificial sports pitch in the Borough.

Issue LR2

There is a good green corridor network running through the middle of the Borough linked to the Coventry Canal. Others include the Nuneaton Ashby disused railway. There are however no corridors in Bulkington or the south west of the Borough which reduces biodiversity and opportunities for leisure activities in this area.

Issue LR3

Access to some of the Borough's leisure facilities is restricted for people without a car. Public transport to Bermuda Park for instance is limited and there are no public footpaths along the A444.

- 7.3 The issues to do with green infrastructure such as the cycle network and wider Green Infrastructure networks are picked up in the Green Infrastructure policy. However of relevance to the development of the health policy is the issues around sports provision. Access to sporting facilities in certain locations within the Borough was identified as an issue. The policy is limited at this stage in that the evidence base studies that would have supplemented the Issues and Options are still to be complete. This is primarily down to requiring information on the specific location for growth. Therefore the policy simply identifies the emerging studies and the need to take into account their findings.
- 7.4 The issues relating to social factors are set out below:

Issue S1

There is a massive gap between the north and south of Warwickshire. Nuneaton and Bedworth in the north is in the top 30% most deprived Boroughs in the Country. Stratford upon Avon by contrast falls just outside the top 10% least deprived areas. Within Nuneaton and Bedworth there is also a divide between the East and West with the most deprived areas located in the west. Parts of Abbey, Camp Hill and Kingswood in particular fall within the top 10% most deprived areas in England while Bar Pool (within the locality of Arbury and Stockingford) falls in the top 4%.

Issue S2

Life expectancy in the Borough is the lowest in Warwickshire and lower than the national average. There are notable variations across the Borough with those living in the most deprived areas expected to live 5-6 years less than those in the least deprived areas. Comparisons with elsewhere in Warwickshire highlight even bigger differences. Males in Leam Valley in Rugby are expected to live 19 years longer than those in Abbey (in Abbey and Wembrook). Links can be made to poor health, lack of physical activity and obesity, all of which are high in the Borough.

Issue S3

Fear of crime and actual crime in the Borough is the highest in Warwickshire. The Borough also has the highest levels of anti social behaviour with most incidents linked to rowdy/ nuisance behaviour. This can have a significant negative impact on community well being.

Issue S4

Community cohesion within the Borough needs to be improved. People's satisfaction with their local area is the lowest in Warwickshire and only 56% feel they belong to their neighbourhood.

- 7.5 Issue S1 is covered by the Borough Plan as a whole, specifically the growth work seeks to assist in narrowing the gap. However reducing deprivation is an aspiration of the policy. By incorporating measures such as a Health Impact Assessment (HIA), access to facilities and leisure type elements to the policy it is hoped that this will contribute to the overall aims of the plan regarding deprivation. In addition, factors around life expectancy raised in Issue S2 are hoped to improve by implementing this policy. It is acknowledged that the elements outlined above, such as HIA of applications are only part of the larger solution to deprivation and life expectancy.
- 7.6 Issue S3 is picked up within the Design policy and community cohesion and satisfaction in the area is part of the Borough Plan as a whole. In general

comments on the social element of the Issues and Options identified concerns that the issues could actually be tackled, although in general there was support for the issues identified. Concerns were also presented around building additional dwellings and the effect this can have on social issues. In developing the policy the inclusion of a HIA as part of residential applications is considered to assist the applicant in considering the health impacts of their proposal. Obesity and lack of physical activity were flagged up as issues. This correlates with the issue of obesity being identified by health professionals as a key health factor in the Borough. The overall health policy is considered to offer assistance to tackling obesity. Some points flagged up to the Council as being absent from the policy were access to children's facilities and doctors surgeries. The policy now includes reference to the inclusion of 0-4 year provision.

- 7.7 Issue S4 relates to access to actual facilities, which is covered through the Infrastructure Delivery plan and Infrastructure policy and therefore this was not repeated within the health policy.

8 PREFERRED OPTIONS

- 8.1 The Borough Plan Preferred Options contained Policy INF1 – Health policy, which predominately dealt with the requirement of health impact assessments and obligations to funds services aimed at encouraging healthy lifestyles targeting the under 4s. However, the issue of health was a theme which ran through a number policies, even if this was in an indirect way. There were a number of comments relating to the health and wellbeing of residents within the Borough, these are set out below:

- The Implementation Delivery Strategy lists health providers but does not really discuss how to remedy the deficit in for example GP/patient ratios
- Support the drive to focus on improving health and making these issues part of the planning. But must look for suitable information about the negative impact on healthy lifestyle of certain types of business, as it is an important issue to consider in the Plan. Fast food outlets and gambling businesses have a negative impact, even on residents who do not choose to use them, despite intentions and efforts by their managers to mitigate.
- The very young and elderly are not specifically identified within proposals. Active/sporting opportunities and other initiatives need to be more developed for the very young and elderly, who will make up even more of the population, according to the Council's data.

- Whilst the Borough Plan considers the overarching concepts of health and green infrastructure, it does not include a specific policy on opportunities for sport and recreation or set out criteria for where existing open space, sport and recreation buildings and land could be built on, in line with NPPF paragraphs 73-74. BGEC requests NBBC to either include a policy to comply with the NPPF, or incorporates such requirements into another policy, e.g. Green Infrastructure Policy INF2.
- We object to the prescriptive nature of Policy INF1 in its requirement for health impact assessments on all large scale developments. There should not be a blanket approach to the requirement for such assessments and it should be tailored to specific circumstances where the proposal or the surrounding environment warrant such assessments. Examples include new residential development close to major road junctions which are likely to be sources of air and noise pollution or the redevelopment of areas that are highly contaminated. There is no requirement for such assessments in national policy guidance and they should not be required as a matter of course.
- We object to the reference to planning obligations funding services aimed at encouraging healthy lifestyles targeting the under 4s. This would not appear to comply with the requirements of CIL Regulation 122 which sets out the statutory requirements for planning obligations. Such reference should be deleted from the Local Plan. Funding of such initiatives will also have a direct impact on site viability and delivery.
- The Plan should use canal-side areas to create homes and businesses, as access between the two could very easily be made by walking or cycling. This would both be a more attractive environment to travel to and from work, as well as far less polluted, as the transport networks would be situated away from roads and cause no pollution themselves. Consequently, this would lead to less pollution through increased use of sustainable travel, and more active people, delivering better health to residents of the Borough.
- We would like to see reference to the role that the natural environment - especially trees and woods - can play in health provision.
- This will be impossible to achieve. You cannot force people to adopt a healthy lifestyle, if they choose not to. No amount of development will force people to address their health issues. The only way to achieve this is through education, whilst they are at an impressionable age.
- Taking away gambling facilities and takeaway food shops will not change peoples' habits. They will just go elsewhere. People will

replace fast food from takeaway shops with buying fast food convenience meals from supermarkets and freezer food shops. Gambling is now constantly available through the media and the internet.

- Restrict fast food outlets, alcohol stores and gambling facilities due to the poor health of the Borough.
- Focus more on woodlands, rather than just open green spaces when considering Green Infrastructure. There were also calls for a bridge to be installed on the north east side of Nuneaton train station to create a new entrance.
- Loss of greenfields does not improve quality of life or provide opportunities for healthier and active lifestyles.
- Using bus services forms an important element of a sustainable and healthy lifestyle. A brisk walk each day to a local bus stop, and again at the destination, repeated twice daily, goes a significant way to maintaining appropriate levels of physical activity. This is not recognised in the draft Plan.
- I urge that the proposals build with life quality and health improvement in mind, that the current travel infrastructure be done in conjunction with any new development, especially encouraging safe cycleways to and from town and the station
- The number of Warwickshire citizens over 85 will rise by approximately a third by 2020 with the number of people with dementia expected to rise by more than a quarter. Housing policy must make proper provision for all residents and in particular, housing mix and type.
- The Borough Plan will not raise education or health levels, will encourage the use of the car, raise unemployment levels and take the only remaining, accessible piece of land in the area.

9 SUSTAINABILITY APPRAISAL

- 9.1 The Sustainability Appraisal identified the policy as resulting in a direct positive effect on human health objective because it will require major development proposals to consider the impact on existing health facilities together with an indirect positive effect on the provision to sports and recreations facilities and access to services. There were no identified affects on economic and social factors associated with access to employment and

affordable housing. There were uncertain effects identified on a number of environmental matters as these are factors associated with integrated implementation of other policies in the Borough Plan.

- 9.2 The Policy has been assessed against the SA objectives. The Policy will result in a direct positive effect on human health objective as it will require major development proposals to consider the impact on existing health facilities together with an indirect positive effect on the provision to sports and recreations facilities and access to services.
- 9.3 The Policy will not affect economic and social factors associated with access to employment and affordable housing.
- 9.4 The Policy will have an uncertain effect on a number of environmental matters as these are factors associated with the integrated implementation of other policies in the Borough Plan.

10 DELIVERY MECHANISMS

- 10.1 The following delivery mechanisms are relevant for this policy:
- Agreement with Warwickshire Public Health to be developed regarding assessment of HIA
 - Supplementary Planning Document 'Planning for a healthier area – Nuneaton and Bedworth'
 - Continue partnership arrangements with healthcare providers and Warwickshire police